	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service This form is required			Benefit		2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ed under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the al Revenue Code (the Code).			This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	n the instructions to the Form 5500	D-SF.	Inspection				
	Part I Annual Report Identification Information								
_	calendar plan year 2010 or fisca إ	al plan year beginning 01/01/2010		g	12/31/2010				
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final return	•	- 41 )				
~		an amended return/report		year return/report (less than 12 mor	iuns)				
C	Check box if filing under:			extension		DFVC program			
Da	rt II Basic Plan Inform	special extension (enter description <b>nation</b> —enter all requested information	,						
	Name of plan		allon		1b	Three-digit			
	-	/ COMPANY, INC. 401(K) RETIREM	IENT PLAN	N		plan number 001			
					1.	(PN) •			
					TC	Effective date of plan 01/01/2007			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 05-0485307			
400 F	RESERVOIR AVENUE, SUITE 2				2c	Plan sponsor's telephone number 401-781-2500			
PRO	VIDENCE, RI 02907				2d	Business code (see instructions) 541190			
3a NATI	Plan administrator's name and ONWIDE TITLE AND ESCROW	address (if same as Plan sponsor, er / COMPANY, INC. 400 RESERV	nter "Same	3") NUE, SUITE 2K	3b	<b>b</b> Administrator's EIN 05-0485307			
		PROVIDENC	3c /			Administrator's telephone number 401-781-2500			
		in sponsor has changed since the las		port filed for this plan, enter the	EIN				
l	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		PN				
5a	Total number of participants at	the beginning of the plan year			5a	8			
b	Total number of participants at	the end of the plan year			5b	8			
C	Total number of participants wincomplete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	8				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No			
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	359904		439959			
b	•			250004		420050			
<u> </u>	· · ·	'b from line 7a)	7c	359904		439959			
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total			
a			8a(1)	8117	'				
	(2) Participants		8a(2)	29059					
	(3) Others (including rollovers)	)	8a(3)						
b	( )		-	42879		20055			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			80055			
u		onovers and insurance premiums	8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	•		8g			-			
h		Be, 8f, and 8g)	8h		-	0 80055			
i		e 8h from line 8c)				66000			
1	mansiers to (morn) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	Du	ring the plan year:		Yes	No	Amount			
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	as the plan covered by a fidelity bond?	10c	Х		1000000			
d	Die or								
e	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Die	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year								
С	C Enter the amount contributed by the employer to the plan for this plan year								
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A			
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b									
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):     13c(2) EIN(s)									
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/21/2011	GREGORY A. MARDEROSIAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Deprive of the tessory     Description of the temployee		Form 5500-SF Short Form Annua	5500-SF Short Form Annual Return/Report of Small Employee OMB N Benefit Plan						
Department notes     Settement income Security Ad of 1974 (ERISA), and sector (0546) of file interal Revent Company     This Form is Open to Public Impaction       Pent I. J. Annual Report Identification Information     10/01/2010     and sector (0546) of file impaction       A This network consume     01/01/2010     and sector (0546) of file impaction       A This network point     01/01/2010     and sector (0546) of file impaction       C Check box if filing under     First return/report is not independent point     01/01/2010     and sector (0566)       Part I. J. Annual Report Identification Information     10/01/2010     and sector (0566)     00/01/01/01/01/01/01/01/01/01/01/01/01/0		Internal Revenue Service	2010						
Part I. Annual Report Identification Information   12/31/2010     For defluit plan year 2010 or fixed plan year beginning   01/01/2010   and andreg   12/31/2010     B This return/eport is for:   Inst return/eport   Inst return/eport   Inst return/eport   Inst return/eport     B This return/eport is for:   Inst return/eport   Inst return/eport   Inst return/eport     C Check box if Eing under:   Form 5565   Budomito oxtension   ID PVC program     Part II. Annue or plan   Instrement/eport   ID Trace-digit   ID     Part II. Selsc Plan Information		Department of Labor Retirement Income Sect Employee Benefits Security Administration In	4 (ERISA), and section 6058(a) of the a Code (the Code). This Form is Open to Pub			Open to Public			
Increating plan year, 2010 at lited plan year beginning     01/01/2010     and ending     12/31/2010       A This return/report is for:     Instructure plan     Instructure plan     one-participant plan       B This return/report is for:     Instructure plan     Instructure plan     Instructure plan       B This return/report is for:     Instructure plan     Instructure plan     Instructure plan       B This return report is for:     Instructure plan     Instructure plan     Instructure plan       B This return report is for:     Instructure plan     Instructure plan     Instructure plan       Part III     Basic Plan Information - enter all requested information     Inter-o-digit     001       Io Experiment and address formation of the displa employer plan (inter displan plan)     Inter-o-digit     001       Io Experiment and address formation of the displa employer plan (inter displan)     Io Experiment and address formation of the displan approximation and address formation approximation approximation approximation and address formation and address formation approximation approximation approximate address formation approximation approximation approximation app	Complete all entries in accordance with the instructions to the Form 5500-SF.								
A   This return/report is for:   indige-employer plan   multiple-amployer plan (not multiamployer)   one-participant plan     B   This return/report is for:   inst clum/report   manended return/report   manended return/report     C   Check box if filing under:   Form 5558   undomatic extension   DFVC program     Part II   Basic Plan Information—enter all requested information   10   Three-digit plan number   001     1a   Name of plan   Namit Commutation—enter all requested information   10   Effective date of plan number   001     2a   Plan sponsor's name and address (employer, if for angle-employer plan)   12   Effective date of plan number   01     40 0 RESERVOR AVENUE, SUITE 2K   2007   20   Plan sponsor is descributions)   20   Plan sponsor is descributions)     3a   Plan administrator's name and address of isane as Plan sponsor, enter "Some")   30   Address is 107   30   20   Plan sponsor is date in first dotowice is an operation on number     40 0 KESERVOR AVENUE, SUITE 2 K   02907   30   Administrator's tamped ance the blat return/report field for this plan, enter the name. RN, addres and is an operation on the blat return-report field for this plan, enter the name. RN, addre plan number of partidpants with account balances as of the plan sp	1.			(0010		10/21/0010			
A The factor function is for:   Internative port   Internative port   Internative port     B This redunition is for:   Internative port   Internative port   Internative port     Part II   Basic Plan Information			r						
C Check box if tiling unde:   In annended rekum/report   Is hort plan year rekum/keport (less than 12 months)     Part III / Basic Plan Information—enter all requested infomation   ID FVC program     Part III / Basic Plan Information—enter all requested infomation   ID Three-digit     1a Name of plan   NATIONNIDE TITLE AND ESCROW COMPANY, INC. 401 (K) RETIREMENT PLAN   ID Three-digit     2a Plan sponsor's name and address (employer, If or single-employer plan)   NATIONNIDE TITLE AND ESCROW COMPANY, INC.   2D Employer identification Number (END 3-0653.07)     400 RESERVOIR AVENUE, SUITE 2K   2C Plan sponsor's name and address (issue as Plan aponsor, ontor "Samo")   3D Administrator's employer identification in the plan untroport. Sponsor, name     30 PRIN DENTER   RI   02907   3D Administrator's employer identification in the set number of participants with account balances as of the set of the plan sponsor is negative identification in the set number of participants at the beginning of the plan sponsor is negative identification in the set number of participants at the end of the plan year   5a   6a   8     54 Total number of participants at the end of the plan year model of end file plan year (defined banefit plan end of file   6b   6c   8     56 More of a participants with eccount balances as of the end of the plan year (defined banefit plan dentify plan dentif			H .			one-participar	nt plan		
C Chack bax if filing under:   Form 5558   automatic extension   DFVC program     Part II:   Basic Plan Information—enter all requested information   Ib Three-digit plan number (miter description)   D Three-digit plan number (miter description)     Part II:   Basic Plan Information—enter all requested information   Ib Three-digit plan number (miter description)   001     1a Name of plan   NATIONWIDE TITLE AND ESCROW COMPANY, INC. 401 (K) RETIREMENT PLAN   Ib Three-digit plan number (miter description)   001     2a Plan appender's name and address (ampleyer, If or single-ampleyer plan)   NATIONWIDE TITLE AND ESCROW COMPANY, INC.   2b Employer (definition)   2c Plan sponsor's telephone number (miter description)     9ROV IDENCE   RI   02907   2d Business code (see Institucions)   541190     3a Plan admitedro's name and address (farma as Plan agoneser, anter 'Same')   3b Administrator's telephone number (miter description)   3c Administrator's telephone number (miter description)     400 RESERVOIR AVENUE, SUTTE 2K   2307   3c Administrator's telephone number (miter description)   3c Administrator's telephone number (miter description)     10 at another of participants at the edgrining of the plan year   5a   5a   8     5a Total number of participants at the edgrining of the plan year invested in digible asset? (See instractions )   Se b   8b	в			·	<i>u</i> 1				
Image: Second	~		H		iths)				
Part II   Basic Plan Information—enter all requested information   1b   Three-digit plan NATION/IDE TITLE AND ESCROW COMPANY, INC. 401 (K) RETIREMENT PLAN   1b   Three-digit plan number (PN)   001     2a   Plan sponsor's name and address (amployer, If for single employer plan) NATION/IDE TITLE AND ESCROW COMPANY, INC.   2b   Employer Identification Number (EIN) 05-0455307   2c   Plan sponsor's teleptione number 401-781-2500     400   RESERVOIR AVENUE, SUITE 2K   2c   Plan sponsor's teleptione number 401-781-2500   2c   Plan sponsor's teleptione number 401-781-2500     3a   Plan deministrator's name and address (if same as Plan sponsor, enter "Same") NATION/IDE 'ITTLE' AND' ESCROW COMPANY, INC.   3b   Administrator's telephone number 401-781-2500     400   RESERVOIR A VENUE, SUITE 2C   02907   3b   Administrator's telephone number 401-781-2500     4   Itthe name andore KN of the plan sponsor has charged since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report's name   3c   Administrator's telephone number 401-781-2500     5a   Total number of participants at the beginning of the plan year.   5b   6a   8c     6a   Mere al of the plan seste during the plan year.   5b   8c   8c     6a   Itthe name asest during the plan year.   5b<	G			ic extension		DFVC program	n		
1a Name of plan NATIONWIDE TITLE AND ESCROW COMPANY, INC. 401 (K) RETIREMENT PLAN   1b D Tmee-digt (PA) P   001     2a Plan spenser's name and address (employer, If for single-employer plan) NATIONWIDE TITLE AND ESCROW COMPANY, INC.   2b Employer lemitlesion Number (PA) P   001     3a Plan spenser's name and address (employer, If for single-employer plan) NATIONWIDE TITLE AND ESCROW COMPANY, INC.   2b Employer lemitlesion Number (PB) 05-0485307   2c Plan spenser's teleptone number 400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE   20 D COMPANY, INC.   2c Plan spenser's teleptone number 401-751-2500     3a Plan administrator's name and address (if sems as Plan conser, enter "Same") NATIONNURS   3D Administrator's teleptone number 401-751-2500   2d Business code (see instructions) 5c C     4 If the name and/or EN of the plan spensor has changed since the last return/report filed for this plan, enter the name, EIA, and the plan number form the tast return/report filed for this plan, enter the name, EIA, and the plan number form the tast return/report Gene filed constant.   4b E N     5a Total number of participants at the end of the plan year.   5a 6   5b 6b   6b     6a Were al of the plan seed during the plan veet invested in eligible sester? (See instructions).   M Yes [ No 14 yea reveed No'' to shift and condition.   M Yes [ No 24 Yes [ No 14 yea reveed No'' to shift and condition.     7 Pain Assets (addred the and 24 Set Bit in the name and/or EN to the plan seed of the plan year (defined basic accountant (IQPA) under 20 CFR 250.104-497 (See instructions on valver eligibiily a	m		·····						
NATIONWIDE TITLE AND ESCROW COMPANY, INC. 401 (K) RETTREMENT PLAN   plan number     (P)   001     10   Effective date of plan     0.701/2007   20     2a   Plan sponser's name and address (employer, if for single-employer, plan)     NATIONWIDE TITLE AND ESCROW COMPANY, INC.   20     400   RESERVOIR AVENUE, SUITE 2K     PROVIDENCE   RI   0.2907     3a   Plan administrator's name and address (frame as Plan sponser, enter "Same")   3b     NATIONNIDE TITLE AND ESCROW COMPANY, INC.   05-0485307     400   RESERVOIR AVENUE, SUITE 2K   3c     PROVIDENCE   RI   0.2907     41 the name and address (frame as Plan sponser, enter "Same")   3b   Administrator's telephone number     7   Administrator's telephone number   4c   PN     5a   It the name and andres (frame as charaged since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report. Sponsor's name   4b   5a     6a   Ureal number of participants with account balances as of the end of the plan year.   5a   5a   5b   5a   5b   5b   5b   5b   5b   5b   5b   5b	Lundon		formation		1h	Three-digit			
	Ta		INC. 401	(K) RETIREMENT PLAN	ID.				
2a     Plan sponsor's name and address (employer, if for single-employer plan) NATIONNIDE TITLE AND ESCROW COMPANY, INC.     2b     Employer identification Number (EIN) 05-0485307       400     RESERVOIR AVENUE, SUITE 2K     2c     Plan administrator's telephone number (address of telephone number)       3a     Plan administrator's name and address (if same as Plan sponsor, enter 'Same') NATIONNIDE TITLE AND ESCROW COMPANY, INC.     3b     Administrator's EIN 00 RESERVOIR AVENUE, SUITE 2K     3b     Administrator's EIN 00 RESERVOIR AVENUE, SUITE 2K     3b     Administrator's EIN 00 - 781-2500       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the edd of the plan year.     5a     8a     8       5a     Total number of participants at the edd of the plan year.     5b     8a     8b     8b     8       6a     Wore all of the glan sponsor has changed since the plan year (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plans do not complete ins item).     Image: Not Since (defined benefit plansos).     Image: Not Since (defined be		, , , , , , , , , , , , , , , , , , , ,							
2a Plan sponsor's name and address (employer, if for single-employer plan) NATIONUE TITLE AND ESCRW COMPANY, INC.   2b Employer identification Number (EMD 5-0485307)     400 RESERVOIR AVENUE, SUITE 2K   2c Plan sponsor's tolephone number 401-781-2500     9ROVIDENCE   RI   0.2907     3a Plan admisibility in same and address (if same as Plan eponsor, onter "Same") NATION/IDE TITLE AND ESCRW COMPANY, INC.   3b Admistrator's tells 0.5-0485307     3de Vina admistrator's tells, DOCMEANY, INC.   3b Admistrator's tells 0.5-0485307   3c Admistrator's tells 0.5-0485307     400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE   NI COMPANY, INC.   3b Admistrator's tellsphone number 401-781-2500     41 If the name and/C BN of the plan sponsor has changed since the test return/report filed for this plan, enter the name, EN, and the plan number from the last return/report sponsor's name   4c PN     5a Total number of participants with account balances as of the end of the plan year.   5a   5a     6a Were all of the plan's assets during the plan year invested in eligible asset? (See instructions.).   MY ets   No     7 Plan Assets and Liabilities   7a   359904   439959     6 Total plan assets (subtract line 7b, the plan cannot use Form 5500-SF and must instead use Form 5500.   Prescenter (a) Amount   (b) Total     7 Plan Assets and Liabilities   7a   359904   439959     8 To					1c				
NATIONNIDE TITLE AND ESCROV COMPANY, INC.   IEIN 05-0485307     400 RESERVOIR AVENUE, SUITE 2K   201-781-2500     PROVIDENCE   RI   02907     3a Plan administrator's mem as dadres (frame as Plan sonser, enter "Same") NATIONWIDE TITLE AND ESCROW COMPANY, INC.   3b Administrator's elephone number 401-781-2500     40 RESERVOIR AVENUE, SUITE 2K   02907   3c Administrator's elephone number 401-781-2500     40 RESERVOR AVENUE, SUITE 2K   02907   3c Administrator's elephone number 401-781-2500     4 If the name and/or EIN of the plan spansor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the lest return/report filed for this plan, enter the name, EIN, and the plan number from the lest return/report filed for this plan, enter the name, EIN, and the plan number from the lest return/report filed benefit plans do not complete this tem)   4b EIN     5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem)   Yes No     6a Wore all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)   Yes No     9 Are you claiming a water of the number of participants with account adver dighibility and conditions.)   Yes No     9 Are you claiming a water the fan of a hidpendenden qualified public accountant (IOPA)   Yes No     9 Are you claiming a water water fan the plan number of participants.   Yes No	22	Plan sponsor's name and address (employer, if for single employer	over plan)		2h				
400 RESERVOIR AVENUE, SUITE 2K 2c Pian aponsor's telephone number 401-781-2500   PROVIDENCE RI 02907   3a Pian administrator name and address (if same as Pian sponsor, enter "Same") NATION/TDEN TITLE AND ESCROW COMPANY, INC. 3b Administrator's telephone number 401-781-2500   400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE RI 02907   401 RESERVOIR AVENUE, SUITE 2K PROVIDENCE Comparison of the pian sponsor has changed since the last return/report filed for this pian, enter the name, EIN, and the pian number for the last return/report. Sponsor's name 3b Administrator's telephone number 401-781-2500   5a Total number of participants at the beginning of the pian year. 5a 5a   5a Total number of participants at the beginning of the pian year. 5a 5b   6a Were all of the pian seats during the pian year invested in eligible assets? (See instructions.) Qr Yes Qr Ne   1f you answerd "Wor 'o claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) Qr Yes Qr Ne   1f you adverd "Wor 'o there are off. the pian sponsor's far drugst instead use Form 5500. Yes Qr Ne   Part UII    Financial Information 7a 359904   7 Pian Assets and Liabilities 7a 359904   8 (1) 8a(2) 29059   3 Intome, Expense, and Transfers for this Plan year 6a   9 Do ther income (loss) 8b 428.79   1 Total pian a	Δu	NATIONWIDE TITLE AND ESCROW COMPANY,	INC.	2	<b>~</b> N				
PROVIDENCE RI 0.2907   3a Pian administrator's name and address (if same as Plan egonsor, enter "Same") NATIONNIDE TITLE AND BSCROW COMPANY, INC. 3b   400 RESERVOTE AVENUE, SUTTE 2X PROVIDENCE 3c   PROVIDENCE RI 0.2907   41 It the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the mane, EIN, and the plan number for the last return/report. Sponsor's name 3c   5a Total number of participants at the beginning of the plan year. 5a   5a Stall number of participants at the beginning of the plan year. 5a   6a Were all of the plan sponsor has changed since the last return/report of an independing quality duality accountant (QPA) Yes ]   b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes ] No   6a Were all of the plan sestes during the plan year invested in eligible assets? (See instructions). Yes ] No   7 Plan Assets and Liabilities 7a 359904 439959   8a Total plan isabilities 7a 359904 439959   b Total plan assets (subtract in F5 hor in) (Fa) 7c 359904 439959   6a Negenese, and Transfers for this Plan Year (a) Amount (b) Total   a		400 RESERVOIR AVENUE SUITE 2K		~	2c	Plan sponsor's te	lephone number		
PROVIDENCE K1 02907 541190   3a Pina admissiftator's arms and address of game as Pina soonsor, enter "Same") A00 RESERVOIR AVENUE, SUTTE 2K 3b Administrator's EIN 05-0485307 3b Administrator's EIN 05-0485307   400 RESERVOIR AVENUE, SUTTE 2K 02907 3c Administrator's EIN 02907 3c Administrator's EIN 0401-781-2500   4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN   5a Total number of participants at the end of the plan year. 5a   5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sb   6a Were all of the plan year invested in eligible assets? (See Instructions.) W Yes No   b Are you claiming a waiver of the plan upear invested in eligible assets? (See Instructions.) W Yes No   7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year   7 Plan Assets and Liabilities 7a 359904 439959   8 Total plan assets (subtract line 7b from line 7a) 7c 359904 439959   9 Total plan assets (subtract line 7b from line 7a) 7c 359904 439959   9 Total plan assets (subtract line 7b from line 7a) 7c <td></td> <td>400 REDERVOIR AVENUE, BOITE ZR</td> <td></td> <td>-</td> <td>24</td> <td></td> <td></td>		400 REDERVOIR AVENUE, BOITE ZR		-	24				
4 00 RESERVOIR AVENUE, SUITE 2K RI   02907   3c Administrator's telephone number 401-7/81-2500     4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report. Sponsor's name   4b EIN     5a Total number of participants at the beginning of the plan year.   5a   5a     5a Total number of participants at the end of the plan year.   5a   6a     6 D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   Ke Vere II     6 A Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Ke Yee IIN     9 Are you claiming a valuer of the annual examination and report of an independent qualified public accountant (IOPA) under 20 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)   Ke Yee IIN     9 Tak assets and Liabilities   (a) Beginning of Year   (b) End of Year     7 Plan Assets and Liabilities   7a   359904   439959     8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total   (b) Total     10 Contributions received or receivable from:   Ba(1)   8a(3)   6a   60055     9 Other income (add) lines 8a(1), 8a(2), 8a(3), and 8b)   8c   60055   60055   60055		PROVIDENCE RI 02907			zu				
PROVIDENCE   RI   0.2907   401-781-2500     4 If the name end/or EIN of the plan sponsor's name end/or EIN of the plan number from the last return/report. Sponsor's name   4b EIN     5a   Total number of participants at the beginning of the plan year.   5a   8   8     5a   Total number of participants at the end of the plan year.   5a   8   8     5b   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5c   8   8     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   5c   8   No     b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA)   Xere   No     If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   Yes   No     Part III   Financial Information   7a   359904   439959     7 total plan assets and Liabilities   7a   359904   439959     6 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total   400 - 700     8 Income, ead lines 8a(1), 8a(2), 8a(3), and 8b)   8a(2)   20505   80055 <td< td=""><td>3a</td><td>Plan administrator's name and address (if same as Plan spons NATIONWIDE TITLE AND ESCROW COMPANY,</td><td>or, enter "Sam INC .</td><td>e")</td><td>3b</td><td colspan="2"></td></td<>	3a	Plan administrator's name and address (if same as Plan spons NATIONWIDE TITLE AND ESCROW COMPANY,	or, enter "Sam INC .	e")	3b				
4   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name   4b EIN     5a   Total number of participants at the beginning of the plan year.   5a   8     5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5c   8     6a   Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xi Yes   No     6a   Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xi Yes   No     6a   Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Xi Yes   No     6a   Wore all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.   Part III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   A 39959     b   Total plan inabilities.   7c   359904   439959     6   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     7   Plan Assets and Transfers for this Plan Year   (a) Amount   (b) Total <td< td=""><td></td><td>400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE RI 0290</td><td>7</td><td></td><td colspan="3"></td></td<>		400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE RI 0290	7						
name, EIN, and the plan number from the last return/report. Sponsor's name 4C PN   5a Total number of participants at the beginning of the plan year	4			eport filed for this plan, enter the	4b				
5a   Total number of participants at the beginning of the plan year		name, EIN, and the plan number from the last return/report. Sp	onsor's name	-					
b   Total number of participants at the end of the plan year.   5b   8     c   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   8     c   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   8     6   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   10   10     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   10   10     If you answord "No" to either 6 are of b, the plan cannot use Form 5500.SF and must instead use Form 5500.   11   11   11     7   Plan Assets and Liabilities   10   12   12   12   12     7   Plan Assets and Liabilities   7a   359904   439959     9   Total plan iasets (subtract line 7b from line 7a).   7c   359904   439959     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     1   Employers   8a(1)   8a(1)   8a(2)   29059     8   0   12   29059   50   50	5a	Total number of participants at the beginning of the plan year			PN				
c   Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).   5c   8     6a   Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   X   Yes   No     6a   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)   X   Yes   No     b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)   X   Yes   No     inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)   X   Yes   No     Part IIII Financial Information     7     Part (III Financial Information     7a   359904   439959     Do total plan isabilities   (a) Beginning of Year   (b) End of Year     a Total plan isabilities   7a   359904   439959     Contributions received or receivable from:     (1) Employers   8a(1)   8a(1)   8117     (2) Participants   8a(2)   29059   8a(3)   80055   8b   42879   80055   8c									
complete this item) 5c 8   6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No   f Plan Assets 20:104-467 (See instructions on waiver eligibility and conditions.) X Yes No   Part III Financial Information X Yes No   7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year   a Total plan assets (subtract line 7b from line 7a) 7c 359904 439959   8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total   a Contributions received or receivable from: 8a(2) 29059   (3) Others (including rollovers) 8b 42879   (a) Denoting baid (including direct rollovers and insurance premiums to provide benefits) 8c 8c   (b) Cotal income (add lines 8d, 1), 8a(2), 8a(3), and 8b)				-	ac				
b   Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Image: Constructions on waiver eligibility and conditions.)   Image: Constructions eligibility and		complete this item)							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)   Image: Condition of the condition of the conditions.)   Image: Condition of Conditions.)   Image: Conditio									
Part III   Financial Information     7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan assets   7a   359904   439959     b   Total plan assets   7b   (a) Amount   (b) End of Year     c   Net plan assets (subtract line 7b from line 7a)   7c   359904   439959     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total   439959     8   Income, Expenses, and Transfers for this Plan Year   8a(1)   8a(1)   8117     (2)   Part (including received or receivable from:   8a(2)   29059   9     (3)   Other income (loss)   8a(2)   29059   9     (3)   Other income (loss)   8b   42879   9     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c   80055     6   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   8d   80055     7   Administrative service providers (salaries, fees, commissions)   8f   6   0     9   Other expenses   8d   6	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes								
7   Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year     a   Total plan assets   7a   359904   439959     b   Total plan liabilities   7b	Do		se Form 5500	-SF and must instead use Form 550	0.				
aTotal plan assets7a359904(1) model of the second secon				(a) Paginning of Voor	1	(b) End a	f Voor		
b   Total plan liabilities			79			(b) End C			
c   Net plan assets (subtract line 7b from line 7a)		•			<u> </u>		100000		
8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from:   8a(1)   8117     (1)   Employers   8a(2)   29059     (3)   Others (including rollovers)   8a(3)     b   Other income (loss)   8b   42879     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   80055     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   8d     g   Other expenses   8g   6f     f   Administrative service providers (salaries, fees, commissions)   8f   00     g   Other expenses   8g   0     h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   0     i   Net income (loss) (subtract line 8h from line 8c)   8i   8i   80055     j   Transfers to (from) the plan (see instructions)   8j   8j   800555	С	•		359904			439959		
a Contributions received or receivable from:   8a(1)   8117     (1) Employers   8a(2)   29059     (2) Participants   8a(2)   29059     (3) Others (including rollovers)   8a(3)   6     b Other income (loss)   8b   42879     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c     b Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   8d     e Certain deemed and/or corrective distributions (see instructions)   8e   6     g Other expenses   8g   6   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   6   0     i Net income (loss) (subtract line 8h from line 8c)   8i   8i   80055     j Transfers to (from) the plan (see instructions)   8i   8i   80055	8			(a) Amount		(b) To	· · · · · · · · · · · · · · · · · · ·		
(2) Participants   8a(2)   29059     (3) Others (including rollovers)   8a(3)     b Other income (loss)   8b   42879     c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c     d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   8d     e Certain deemed and/or corrective distributions (see instructions)   8e   6     f Administrative service providers (salaries, fees, commissions)   8f   6     g Other expenses   8g   6   0     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   0   80055     j Net income (loss) (subtract line 8h from line 8c)   8i   8i   80055     j Transfers to (from) the plan (see instructions)   8j   8j   80055	а								
(3) Others (including rollovers)					<b>-</b> 3233				
b   Other income (loss)   8b   42879     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   3c   3c     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   3c				29059					
C   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c   80055     d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   8d   8d     e   Certain deemed and/or corrective distributions (see instructions)   8e   8d   8d     f   Administrative service providers (salaries, fees, commissions)   8f   8g   6d     g   Other expenses   8g   6d   6d   6d     h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   6d   6d     i   Net income (loss) (subtract line 8h from line 8c)   8i   8i   80055     j   Transfers to (from) the plan (see instructions)   8g   8g   8g	h			42070					
d   Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_						00055		
to provide benefits)   8d     e   Certain deemed and/or corrective distributions (see instructions)   8e     f   Administrative service providers (salaries, fees, commissions)   8f     g   Other expenses   8g     h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h     i   Net income (loss) (subtract line 8h from line 8c)   8i     j   Transfers to (from) the plan (see instructions)   8j							80055		
f   Administrative service providers (salaries, fees, commissions)   8f     g   Other expenses	ч								
g Other expenses   8g     h Total expenses (add lines 8d, 8e, 8f, and 8g)   8h     i Net income (loss) (subtract line 8h from line 8c)   8i     j Transfers to (from) the plan (see instructions)   8j	е	Certain deemed and/or corrective distributions (see instructions	) <u>8e</u>	·····					
h   Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions).	8f						
i Net income (loss) (subtract line 8h from line 8c)	g	-							
j Transfers to (from) the plan (see instructions)	h				<b> </b>				
	i						80055		
	<b>ا</b>			5500-SE			Corm 5500 SE (2010)		

Page 2-

Amount

1000000

Yes

Yes

No

Yes Х No

Yes X No

13c(3) PN(s)

No X

No

N/A

## Part IV **Plan Characteristics**

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions 10 Yes During the plan year: No Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10Ь Was the plan covered by a fidelity bond?.... 10c С х Ы Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, е insurance service or other organization that provides some or all of the benefits under the plan? (See Х instructions.) 10e f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h If 10h was answered "Yes." check the box if you either provided the required notice or one of the ì exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12b 12c c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) ..... e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to С which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Me Me	2	16	;/	((	GREGORY A. MARDEROSIAN
HERE	Signature of plan administrator		ate			Enter name of individual signing as plan administrator
SIGN						
HERE	Signature of employer/plan sponsor	Da	ate			Enter name of individual signing as employer or plan sponsor